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ABSTRACT

Information useful for the identification of child abusers was developed. Data initially collected provided feedback concerning the characteristics and attitudes of child abusers. An MMPI profile analysis was conducted in the second phase of the study. While 10 of the 15 subjects had one or more scale scores above T-70, the average group profile revealed no scales above T-70. Results from the third phase of the study, i.e., testing the predictive validity of an existant MMPI child abuser scale, indicated that this scale was not effective in identifying the child abusing subjects. A new MMPI derived child abuser identification scale, developed in the fourth phase, proved to have concurrent validity, in that the scale correctly identified 14 of the 15 child abusers. (Author)

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An Area in Need of Future Research

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An MMPI Derived Child Abuser Scale: An Area in Need of Future Research

Introduction

It is estimated that 60,000 children will suffer serious physical injury as a result of abuse or neglect during the next year. Mortalities as a result of this abuse and neglect will be approximately 600. In most instances the victims of this abuse will be three years of age or younger (Leavitt, 1974).

It was not until the early 1960's that national attention was specifically drawn to the problems of child abuse. Pediatrician C. H. Kempe noted that a large number of children had been admitted for medical aid suffering from injuries which were apparently nonaccidental. The American Association of Pediatrics thus conducted a symposium on the phenomena of child abuse, termed the "battered child syndrome" as a means of directing attention to the problem in the American public (Helfer and Kempe, 1968).

Kempe (1962) defined child abuse as "unexplained fractures, subdural hematoma, soft tissue injury with lacerations, bruising, and swelling and failure to thrive in young children". While this definition may constitute adequate parameters for defining the "battered child syndrome", it leaves much to be desired in defining child abuse.

For example, it is estimated that over 400,000 children are the victims of sexual assault. These children, all under 14 years of age are submitted to penetration, hand-genital contact, mouth-genital contact and attempted penetration (Burgess and Holmstrom, 1974).

Another form of child abuse is neglect or substandard parental care. The consequences of this type of abuse range from malnutrition, delayed physical development, emotional blunting, to retarded intellectual growth (Boisuert, 1974).

Additionally, Kempe's definition of child abuse ignores the entire area of emotional abuse. Here the parent-child interaction is dominated by neutral or negative messages. Positive feedback (love, support, understanding, stroking, etc.) is absent or limited. Oftentimes, the victim of this type of abuse will, in their search for attention and identity, actively seek out any type of interaction, even one that would normally be considered a negative or sick relationship, in their search for reinforcement.

Given the varying forms and consequences of child abuse, it is difficult to design a definition which is acceptable to all groups. An extremely broad definition of child abuse includes "any act of commission or omission by individuals, institutions, or society as a whole, and any conditions resulting from such acts or inaction, which deprive children of equal rights and liberties and/or interfere with optimal development (Leavitt, 1974). The following research while included under this definition is best more narrowly defined as dealing with situations in which nonaccidental or negligent conduct results in physical injury or severe emotional damage to the child. Specifically, the operational definition for identifying an individual as a potential child abuser for the purposes of this study will include: "persons not under court order or duress who are active members of Parents Anonymous groups and who admit to having engaged in abuse or neglect which threatened the physical or emotional well-being of one or more of their children."

In order to effectively deal with child abuse it is necessary to have an understanding of the factors which predict the occurrence of child abuse. The

probability of occurrence of child abuse is relative to factors inherent in the perpetrator, the victim or the environmental circumstances surrounding the abuse. The following research project deals with the identification of psychodiagnostic factors which may be predictive of an individual likely to perpetrate child abuse.

Factors inherent to the abuser have received a great deal of attention. However, research in this area has suffered from a lack of empiricism and objectivity. While some findings appear to be well substantiated (abusers were often victims themselves as children; they represent a substantially normal cross section of the population; they oftentimes lack "mothering" skills) many other descriptive definitions of abusers are characterized by contradictions, unverified hypotheses and arm chair speculation (Spinetta and Rigler, 1972).

In contrast to much of the research aimed at identifying the characteristics of the child abuser, Paulson and associates have initiated a research program utilizing objective diagnostic techniques. Using the MMPI Paulson, Afifi, Thompson and Chaleff (1974) attempted to identify profile patterns which distinguished active and passive child abusers from the normal population. In that homogenous profile patterns were not obtained, the method of MMPI profile analysis did not prove useful as a diagnostic tool. However, a follow-up to this study indicated that an independent MMPI derived child abuser scale could be developed and that the scale had concurrent validity when tested on the original sample (Paulson, Afifi, Chaleff, Thompson, and Liu, 1975).

The importance of Paulson's research can not be underestimated. The findings of Paulson and associates represents a positive step toward the accumulation of empirically derived data useful in the fight against child abuse. However, given

the negative implications of identifying an individual as a potential child abuser, it is imperative that validation studies be performed before MMPI child abuse scales are used in clinical practice.

Therefore, the purpose of the present study is to provide data relevant to the validation of the findings of Paulson et al. 1974, and Paulson et al. 1975. Specifically this study will test findings of Paulson and associates regarding MMPI profile analysis and MMPI scale development for the identification of child abusers. In the event that Paulson's findings do not replicate in the current study, alternative methods and procedures for profile analysis and/or scale development will be offered.

Method

Subjects

Experimental subjects for this study were fifteen (15) female members of Parents Anonymous chapters located in Dallas and Houston. The experimental subjects were individuals who admitted having actively engaged in behaviors which threatened the physical or emotional well being of one or more of their children. Because Paulson et al. (1975) have shown that there are sex differences in MMPI response patterns of abusers, only female subjects were included in the present study.

The control group for this study consisted of the data from 200 female subjects. These individuals were the female subjects who served as the "normal population" in the original formulation of the MMPI (Hathaway, 1975).

Instruments

The instruments for this study included the MMPI, Paulson's MMPI-derived female abuser scale and a social-demographic questionnaire. Data from the MMPI included responses to all 566 items of the booklet form. Paulson's MMPI-derived

female abuser scale consisted of 33 items embedded within the MMPI. The social-demographic questionnaire consisted of 40 objectively rated items related to social status, child rearing attitudes and behaviors related to child abuse.

Procedure

MMPI booklets, answer sheets and questionnaires were mailed to directors of the Parents Anonymous chapters in Dallas and Houston. Prior to the mailing, the directors were instructed concerning testing techniques. The instruments were administered by the directors of the Parents Anonymous groups to the members volunteering for testing following the course of their regular group meetings.

A simple compilation of percentages was conducted for the analysis of the questionnaire. In this manner, frequency of responses to each questionnaire item was determined. In that this part of the study was included for its heuristic value only, results from the questionnaire should be regarded accordingly.

The MMPI profiles were constructed using standard techniques. Raw score responses were categorized by scales, raw scores were transformed to T-scores, and an abuser profile was constructed using the average T-score derived for each scale.

The next analysis was the application of Paulson's female child abuser scale to the Parents Anonymous members for validation purposes. Using Paulson's control mean of 11.71 and a standard deviation of 3.39 raw score to T-score conversions were completed. Following this, hits and false negatives were recorded in order to determine the validity of Paulson's scale.

In addition to the preceding analyses a new female child abuser scale was derived. The Community Female Child Abuser Scale was derived through the Chi-square method utilizing comparisons between the responses of the members of the Parents Anonymous sample and the MMPI control norms. The method used to construct

the Community Female Child Abuser Scale was based on the method reported by Paulson et al. (1975).

Finally a comparison was made between, the items contained in Paulson's female child abuser scale and those contained in the Community Female Child Abuser Scale. Based on concurrent presence in both scales items having superior predictive validity could be identified.

Results and Discussion

The results of the present study have yielded data which serve as a contribution to the current field of knowledge concerning child abuse. The findings of the five phases of the study (questionnaire, profile analysis, validation of Paulson's scale, development of the Community Female Child Abuser Scale, and comparisons of Paulson's scale versus the Community Female Child Abuser Scale) and the implications thereof are reported and discussed below.

The first phase of the study involved the administration of the social-demographic questionnaire. The results of the social-demographic questionnaire reveal the typical child abuser as represented in the present study as white, Protestant, and married. Most of the abusers included in this study had two or more children, with a substantial number (54%) having three or more children. Sixty-four percent of the abusers were first-born. This finding is of interest in that other authors have found that first-born children are more likely to be abused than later-born children (Terr, 1970). Given that child abusers are likely to have been abused themselves as children, this is an interesting finding. The subjects in this study were drawn from a primarily urban population, a factor which could differentiate this group from that of a rural population and thus limit the generalizability of the results. Education was limited in most cases to graduation from high school, with no persons having completed a college

education. Socio-economic status of the subjects in the current study is primarily from the upper-lower class and lower-middle class. Generally the demographic characteristics of the subjects in this study validates the work of other authors which indicates child abusers come from a cross section of the population (Johnson, 1973).

Regarding the attitudes on child rearing held by the subjects in this study, most believed in the use of physical punishment in the enforcement of discipline. All subjects admitted to having engaged in behaviors which resulted in physical harm or a threat to the emotional well-being of one or more of their children. All but one person placed demands on their children, which their children were not capable of handling. Adding to the possibility of the occurrence of abuse were responses to items regarding impulsivity and the ability to control aggressive feelings towards the child. Fifty-five percent of the persons answered sometimes, 36% frequently, and only 9% never to the question "Are you impulsive?". All persons questioned admitted that at times they had difficulty in controlling their present feelings towards their children. These results support research by other authors (Spinetta and Rigler, 1972).

The aforementioned findings are in agreement with much of the past research. The present study uncovered, however, somewhat equivocal support for theories involving adult's fantasies towards their children. Terr (1970) in one study, cited particular fantasies common to many abusers in her sample, including (a) fear of the child as a punishment directed toward them; (b) inability to protect the infant from its helpless state; (c) fear of the child possessing supernatural powers; (d) the child as a rival for the spouses affection. In general, the persons in this study did not share these fantasies. However, they were in agreement with other items developed by Terr regarding disappointment in the child's

inability to meet with parental expectations and fear of the parents that they might harm their children. These results indicate that further research is needed in the study of parental fantasies regarding their children.

Most of the subjects in this study admitted having marital conflicts. They stated they were often influenced by social pressures which in turn influenced their behavior or feelings toward their children. While the subjects were divided in response as to whom they usually turned to for emotional support (friend or spouse), most admitted looking to their children for comfort and assurance that they are good parents. These results are generally in accordance with the findings of Helfer and Kempe (1968).

Finally, most of the subjects claim to have been physically and emotionally abused as children. They felt that they had in general been rejected by one or more parent. These findings are common to many other child abuse research studies (Hopkins, 1970).

The results of the second phase of the study, the profile analysis, reflect findings in agreement with Butcher (1969) and Paulson, et al. (1974) in that although certain tendencies appear in the subjects responses, no consistent scale elevations are apparent. Average MMPI scale scores were determined for each MMPI scale as follows: L (rigidity), 46; F (self-depreciation), 66; K (defensiveness), 48; HS (hypochondriasis), 50; D (depression), 53; HY (hysteria), 57; PD (psychopathic deviant), 65; MF (masculine/femininity), 53; PA (paranoia), 59; PT (psychesthenia), 58; SC (schizophrenia), 66; MA (mania), 64; and SI (social introversion/extroversion), 55. In no instance did these scores exceed the score of 70 which represents the dividing line between "normal" and "abnormal" responding. Although in many cases subjects' profiles revealed individual scales exceeding 70 (10 out of 15 profiles contained one or more scales exceeding this

figure), no scale average was beyond the normal range of responding. Wright (1970) in his observations of abusive parents' MMPI profiles has stated that these persons display the ability to appear normal and not abusive; "the battering parent is disturbed, but in a psychopathic manner which allows him to mask his pathology." It is therefore possible, in light of the evidence accumulated, to propose that the profile method, which has been effectively employed in coding other psychological types, is not an effective means of identifying or predicting the potential child abuser.

The third phase of this study was the testing of Paulson's scale against the responses of the female child abusers in this study. Using Paulson's scale the T-score of only one of the community abusers in this sample was significantly different from the norm (T = 77); no other score exceeded 70 (average raw score = 16, average T-score = 62). The findings indicate that Paulson's scale failed to identify the community abusers in the present study. That is, using Paulson's scale, 14 of the female child abusers in this study were incorrectly identified as false negatives and only one subject was correctly identified.

The results of the third phase of the study, the scale development, revealed 68 items derived through Chi-square and the average error computations for the Community Female Child Abuser Scale. Table 1* provides a list of the items included in this scale. There are some signs of response similarities in the content of the scale items; for example, eight of the items are related to sex, and nine of the items are concerned with rebellion. There are also indications from the scale of a basic lack of trust and suspicion of others. However, as there are no consistent profile elevations, and as many of the items in the scale are unrelated, the scale should be viewed as an entity in itself. The individual scale items are thus less important than the total number of responses each individual makes to the entire scale. It should also be noted that it is intended the scale be embedded within the MMPI and not be administered as an independent scale.

Insert Table 1 Here

Results of the z to T conversions for the scale items for the control subjects are given in Table 2*. From this table it can be observed that the average person answered 18 items in the scored direction on the child abuse scale. Standard deviation for the control group was 3.64.

Insert Table 2 Here

Results on the validation of the Female Community Child Abuser Scale are included in Table 3*. Raw scores range from 25 to 60; T-scores range from 68 to 164. The average raw score was 46, with an average T of 126. In only one instance (using the traditional MMPI scoring approach) did the Community Female Child Abuser Scale fail to identify an abuser. In the other 14 cases the scale yielded significantly higher T-score responses than those of the control group. This scale appears to be quite effective, as it identifies the abuser in 93% of the cases; that is, a 93% hit rate with only 7% false negatives. However, it must be noted that scale development included three statistical processes for the construction of the scale and, therefore, an artificial reduction of error probability. In that this procedure was identical to that utilized by Paulson et al. (1975), it can be seen that caution must be utilized in interpreting these results without additional validation.

Insert Table 3 Here

In the fifth phase of the study comparison was made between Paulson's scale and the scale derived from the present study. The purpose of this comparison was to determine whether similarities between scale items existed. The scales differed

*Note to Editor: Tables 1, 2, and 3 can be included with the paper or be made available by the author at the reader's request.

greatly in content. Only two MMPI items were common to both scales. Based on the lack of commonality between scales it was not possible to derive items which could be utilized in the design of a composite scale.

The inability to correctly identify all but one of the child abusers in the current study, utilizing Paulson's scale, cast serious doubt upon the validity of this instrument as a device for the identification of child abusers. One of the reasons why Paulson's scale was not effective in identifying the abusers in this study could be the fact that Paulson's study employed a control sample different from that of this study. Psychiatric outpatients were used rather than subjects more similar to the normal population as were the control subjects in this study. Paulson used a control sample of persons who came in voluntarily for treatment of problems related to family and children--problems not, however, directly related to child abuse and neglect. The fact that Paulson's control parents were having difficulty with their children could, however, represent a problem in that their behaviors could be indirectly related to abuse and might in some measure have affected scale results. Although this may be a matter of speculation, it can be seen from the results of this study that the population employed by Paulson does differ from the population used in this study; casting doubt on the replicability of Paulson's scale within other populations.

The predictive validity of the Community Female Child Abuser Scale derived through this study is as equally in doubt as the validity of Paulson's scale. Each of the scales was refined for low error probability; therefore, subsequent testing is needed to validate the predictive validity of these scales. Utilizing a new sample of identified child abusers it should be a relatively simple matter to test the ability of the two scales to correctly categorize child abusers with a minimum of false negatives and a maximum of hits.

Conclusions

The purpose of this study was to provide data towards the validation of Paulson's Female Child Abuser Scale. Additionally it was deemed important to develop alternate methods and procedures for scale development which could be utilized in the event that Paulson's results did not replicate in the present study. The development of a child abuser scale embedded within the existing MMPI is an important and meaningful goal. Such a scale would contain many items seemingly unrelated to the actual problems of child abuse, a factor which could confound those persons deliberately trying to respond in a favorable light. The totality of the scale, rather than the individual items, should identify those persons, as they will not be aware of the nature of the items as they relate to the scale as a whole.

Data from the current study did not validate Paulson's findings. In order to provide future researchers an alternative a new scale was developed. It will be an important next step for future researchers to determine the relative utility of the Community Female Child Abuser Scale vs. Paulson's Female Child Abuser Scale.

It is not the intention of this study to provide an instrument capable of detecting all aspects of the child abuser. Rather, this study presents an instrument which may serve as one part of a battery of psychological tests the purpose of which will be to help in identifying the child abuser. Finally, this research provides a groundwork on which more sophisticated and expanded research can be undertaken which will more clearly reveal characteristics of the parent who abuses his or her child.

TABLE 1

Female Community Child Abuser Scale

MMPI Item Number	True Responses
39	At times I feel like smashing things
41	I have had periods of days, weeks, or months when I couldn't take care of things because I couldn't "get going".
73	I am an important person.
99	I like to go to parties and other affairs where there is lots of loud fun.
101	I believe women ought to have as much sexual freedom as men.
109	Some people are so bossy that I feel like doing the opposite of what they request, even though I know they are right.
118	In school I was sometimes sent to the principal for cutting up.
127	I know who is responsible for most of my troubles.
131	I do not worry about catching diseases.
135	If I could get into a movie without paying and be sure I was not seen I would probably do it.
139	Sometimes I feel as if I must injure either myself or someone else.
165	I like to know some important people because it makes me feel important.
179	I am worried about sex matters.
208	I like to flirt.
231	I like to talk about sex.
238	I have periods of such great restlessness that I cannot sit long in a chair.
245	My parents and family find more fault with me than they should.
248	Sometimes without any reason or even when things are going wrong I feel excitedly happy, "on top of the world".
250	I don't blame anyone for trying to grab everything he can get in this world.
259	I have difficulty in starting to do things.
282	Once in a while I feel hate toward members of my family whom I usually love.
284	I am sure I am being talked about.
285	Once in a while I laugh at a dirty joke.
290	I work under a great deal of tension.
308	At times I have very much wanted to leave home.
311	During one period when I was a youngster I engaged in petty thievery.
320	Many of my dreams are about sex matters.
332	Sometimes my voice leaves me or changes even though I have no cold.
346	I have a habit of counting things that are not important such as bulbs on electric signs, and so forth.
401	I have no fear of water.
415	If given the chance I would make a good leader of people.
431	I worry quite a bit over possible misfortunes.
438	There are certain people whom I dislike so much that I am inwardly pleased when they are catching it for something they have done.

465 I have several times had a change of heart about my life work.
481 I can remember "playing sick" to get out of something.
485 When a man is with a woman he is usually thinking about things related to her sex.
495 I usually "lay my cards on the table" with people that I am trying to correct or improve.
502 I like to let people know where I stand on things.
544 I feel tired a good deal of the time.
555 I sometimes feel that I am about to go to pieces.
559 I have often been frightened in the middle of the night.

False Responses

88 I usually feel that life is worth while.
96 I have very few quarrels with members of my family.
111 I have never done anything dangerous for the thrill of it.
152 Most nights I go to sleep without thoughts or ideas bothering me.
170 What others think of me does not bother me.
203 If I were a reporter I would very much like to report news of the theater.
214 I have never had any breaking out on my skin that has worried me.
353 I have no dread of going into a room by myself where other people have already gathered and are talking.
373 I feel sure that there is only one true religion.
378 I do not like to see women smoke.
392 A windstorm terrifies me.
398 I often think "I wish I were a child again".
413 I deserve severe punishment for my sins.
427 I am embarrassed by dirty stories.
457 I believe that a person should never taste an alcoholic drink.
461 I find it hard to set aside a task that I have undertaken, even for a short time.
470 Sexual things disgust me.
480 I am often afraid of the dark.
488 I pray several times every week.
489 I feel sympathetic towards people who tend to hang on to their griefs and troubles.
492 I dread the thought of an earthquake.
509 I sometimes find it hard to stick up for my rights because I am so reserved.
510 Dirt frightens or disgusts me.
548 I never attend a sexy show if I can avoid it.
556 I am very careful about my manner of dress.
558 A large number of people are guilty of bad sexual conduct.

TABLE 2

Female Controls Response to the

Female Community Child Abuser Scale Items

Average raw score	18.29
Mean percentage	26.89
Mean percentage standard deviation	.05
Raw score standard deviation	3.64

N items = 68

N subjects = 200

TABLE 3

Female Child Abusers Responses to the

Female Community Child Abuser Scale Items

RAW SCORE		T SCORE
60		164.58
51		139.86
51		139.86
51		139.86
51		139.86
50		137.11
49		134.36
48		131.62
48		131.62
47		128.87
44		120.63
41		112.39
40		109.64
34		93.15
25		68.43
18.29	MMPI NORMS	50.00

N subjects = 15

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